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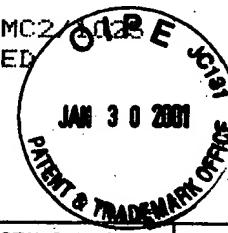
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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Tina Rendon (Depositor's name)  
*Tina Rendon*  
January 25, 2001 (Signature)  
(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/441,619	11/16/99	020	CHOE, H	2817 10/25/00
First Named Applicant	CHEN,	35 USC 154(b) term ext.	=	0 Days.

TITLE OF INVENTION: MODULATION SCHEME FOR FILTERLESS SWITCHING AMPLIFIERS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 TI-29646	330-010.000	U22	UTILITY	NO	\$1240.00	01/25/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 <u>Wade James Brady III</u> <u>Reg. No. 32,000</u>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.	2 <u>Frederick J. Telecky Jr.</u> <u>Reg. No. 29,979</u>
	3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
(A) NAME OF ASSIGNEE TEXAS INSTRUMENTS INCORPORATED (B) RESIDENCE: (CITY & STATE OR COUNTRY) DALLAS, TEXAS Please check the appropriate assignee category indicated below (will not be printed on the patent) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> corporation or other private group entity <input type="checkbox"/> government	4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>20-0668</u> (ENCLOSE AN EXTRA COPY OF THIS FORM) <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

*Wade James Brady III*

1/25/01

01/31/2001 00000139 200668 09441619

01 FC:142 1240.00 CH

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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